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ABSTRACT

This practicum aimed to decrease the social isolation of preschool children with special needs in a mainstreamed day care setting by: (1) increasing initiatives by typical children towards four special needs children; (2) increasing social bids or responses by special needs children toward typical children; and (3) increasing positive interventions by staff toward children with special needs. Six workshops designed to develop staff awareness of social play, peer confederate training, and transactional intervention strategies were designed and implemented. Observational data of children's free play interactions were collected at 4-week intervals over 12 weeks. All objectives were achieved. Staff agreed that the social skill-building intervention had been positive and they intended to continue structuring social skill development into their groups. A needs assessment form, record-keeping forms, and relevant letters are appended. Includes 31 references. (DB)

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Reducing the Social Isolation of Preschoolers with Special Needs in a Mainstreamed Daycare through Social Skill-Building

by

Sharon Hope Irwin

Cluster XXXV

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A Practicum I Report presented to the
Ed.D. Program in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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January 2, 1991
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This practicum report was submitted by Sharon Hope Irwin under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

_____ _____

Date of Final Approval of Report

Georgianna Lowen, Ph.D., Adviser

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ABSTRACT

Reducing the Social Isolation of Preschoolers with Special Needs in a Mainstreamed Daycare through Social Skill-Building. Irwin, Sharon Hope., 1991: Practicum I Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Mainstreaming/ Social Integration/Social Skills/Peer Relationships/Interpersonal Competence/Peer Confederates/Transactional Intervention

This practicum aimed to decrease the social isolation of preschool children with special needs in a mainstreamed daycare setting. Three corollary aims were to increase the number of initiatives by typical children towards special needs children; to increase the number of social bids or responses by children with special needs toward typical children; and to increase the number of positive interventions by staff toward children with special needs. If achieved, these three corollary aims would enhance the likelihood that the major goal would be realized.

Six workshops designed to develop staff awareness of the complexities of social play, of peer confederate training, and of transactional intervention strategies were held during the implementation phase of this practicum. Observation data of the freeplay area choices by the children with special needs, and of initiatives by typical children, initiatives and responses by children with special needs, and positive interventions by staff during small group sessions, were collected at four week intervals, using an observation checklist developed by this writer and two developed by others (Odom, S. et al, 1983; Mahoney, G. & Powell, A., 1986). Both direct observation and videotaping were used.

Outcomes of this practicum were very positive. All four objectives were surpassed. In addition, there were several unexpected gains with potential long-term effects for the benefit of the daycare centre. The data from this practicum strongly demonstrated the following: A highly interventionistic social skill-building strategy, delivered through workshops to regular daycare staff can increase social integration of children with special needs if staff: (a) become convinced that social integration is a problem in their setting; (b) become convinced that less intrusive solutions will not solve the problem; and (c) take ownership of the solution strategies, with scope to make modifications.

CHAPTER I

INTRODUCTION

Day Care and the Community Setting

The day care centre is located in a mining town with a 40% unemployment rate and a total population of approximately 20,000. Aside from coal mining, a rapidly "downsizing" industry, local people work in fishing, at a small steel mill twenty miles away, and in service occupations. A small university, a community college, two local hospitals, the postal service, a mix of public schools, and local government represent the public sector. There are no factories in the local area, despite on-going attempts by both the federal and provincial governments to lure industry through direct grants and tax incentives. Very few women work for either of the public corporations that run the coal and steel industries; their employment is mainly found in the public sector, in the fish packing plant, in small retail businesses, and in service occupations. Of parents using day care, many are single women who are supported by the government in job training programs or in technical or university courses.

A strong Unemployment Insurance Act acts as an underpinning to the economic survival of the area. Ten weeks of work qualifies

anyone for forty-two weeks of unemployment insurance compensation at 60% of pay. While such remuneration is low, it is still seen by the community as a safety net, and various job sharing schemes, both officially approved and officially ignored, spread work among as many people as possible.

Writer's Work Setting and Role

Acceptance by the community of day care was a slow process. When the centre opened in 1975, it was the first in the area. Adding to the acceptance dilemma was the conscious decision of the Board of Directors to develop a mainstreaming program when the centre opened in 1975. They accepted a definition of mainstreaming as the placement of children with handicaps into developmental day care for and with normally developing children at approximately the ratio of the normally occurring population, and thus agree to include 20% children with diagnosed handicapping conditions (approximately the ratio who present in the normal preschool population, since nearly 100% of the handicapped children would seek programs but only 50% of "typical" children would).

Both the professional and general communities adopted a "wait and see" attitude. Only after a year of visibility, during which time the staff slept in the centre at night to guarantee that it could open on snowy days, was a level of community acceptance achieved. Some agencies began to refer families; some families self-referred. Some parents of "typical" children chose other programs; some parents of "typical" children chose the program, but expected strong evidence that their children were receiving the best possible care.

Since neither legislative mandate nor legislated funding existed, the mainstreaming decision had numerous consequences. In addition to providing the extra funding for mainstreaming through non-fee sources while lobbying for government assistance, to attract typical children the centre developed and publicized programs for gifted and talented children, as well as highlighting its children's computer centre and other innovative features. All public education materials stressed the benefits, both financial and otherwise, that the mainstreaming program brought to the centre. Finally, as both public and academic opinion began to support mainstreaming, this centre's families took pride in the mix of children and often chose it because of that mix.

Missing from the clientele for the first few years were two-income, high status families, who felt that purchase-of-service from babysitters or housekeepers was a better choice. Program development and public education have contributed to a changed attitude among these groups; currently most of the town's physicians and lawyers use the centre for their children. Middle income families with both infants and preschoolers usually do not use the centre; the costs of day care for one child and home care for the other is too high. Usually, though, middle income families with two preschoolers find that the cost:benefit ratio turns in favour of this day care centre.

Through fee subsidies provided by the Provincial government on an "income test" basis, lower-income parents pay fees ranging from $1.25/day to $15.50/day -- with the balance of their fees paid by the Provincial government. Parents whose income exceeds the

cut-off point for subsidy pay the entire fee ($15.50/day). The extra costs for all children with special needs are paid by the Provincial government. Provincial policy encourages a mix of low/middle/high income families, by limiting the subsidized spaces to 70% of the total allowable enrollment. Although the provincial income "cut-off" for subsidy occurs at a figure that represents the average income in this province, the 70% under-average income figure of the centre's families more accurately reflects the economic reality of this "have-not" section of the province. A substantial waiting list (varying usually between ninety and one hundred and fifty) always exists -- and contains applicants from all income groups.

The Board of Directors, a fifteen-member community group with a parent majority has, like the province, also actively encouraged a socio-economic mix of children in its enrollment policies. Through publicity about the centre's enrichment programs, computer centre, advisory committees, program design, and through word-of-mouth, the appropriate socio-economic mix is approached. Although it is a challenge to attract higher income parents and parents of exceptionally bright children to a centre with a dominant population of lower-income families and a 20% enrollment of children with labelled handicaps, the centre usually exceeds its target goals in these areas. Nevertheless, "balance", and thus a non-stigmatizing setting, remains a problem to be constantly addressed.

At the time of the practicum, the day care centre had enrolled seventy four (74) preschool children in 4 self-contained "units" -- Unit 5 (nine children under two years); Unit 1 (fifteen children, two to three years); Unit 2 (nineteen children, three to four years); and

Unit 3 (thirty children, four to five years). Thirteen of these children were identified as having special needs and received special assistance, both in the form of lower staff:child ratios and in the form of Individual Program Plans (I.P.P.'s). The centre also had a school-aged day care program, enrolling twenty children.

The work setting consisted of five self-contained classrooms; staff, supply, resource, and multi-purpose rooms; a kitchen; a computer room; a gym, and offices. One-way glass permitted viewing of all preschool units at all times.

The adult population included fifteen childcare staff, all of whom had completed Early Childhood Education training at least at the diploma level and most of whom had also completed extensive in-service training in special needs, children's computer training, and in the High/Scope curriculum. Twelve of the fifteen childcare staff had worked at the centre for over eight years. The support staff, consisting of a cook, a handyman, a maintenance man, and an office manager, had also worked at the centre for over five years.

The author has been employed by the centre, as its Executive Director, since its inception fifteen years ago. She reports to the Board of Directors, and is responsible for the day-to-day management of the centre, with a nineteen member staff, a 94-child enrollment, and a budget of approximately $450,000 per year.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

Although the centre had achieved "physical integration" of its 20% special needs children close to 100% of the time, children with special needs were often left out of the social play and social exchanges of the "typical" children in the 4-5 year old group (30 children).

During circle and during other staff-directed times, the mix of typical and special needs children was apparent. However, during "free play", typical children usually chose typical peers in such areas as the block corner and the housekeeping corner; at those times, the special needs children were often observed in isolate or solitary play, or being assisted by a staff member at a non-social activity. Childcare staff, as well as the director and consultants, also observed the isolation phenomenon during free play, and attempted to facilitate social integration.

Individual Program Plans, which are reviewed bi-monthly, did not seem to affect isolation, even when they were implemented successfully.

Although there were intentionally no more than 20% children with special needs, the normally occurring proportion of the day care population, social integration was not occurring. Board and staff had felt that with a 20% component, these children would "blend" into the general group better than they would were the proportion higher. Yet, the isolation continued.

Although additional staff were also present, lowering staff-to-child ratios, their existence did not seem to aid social integration.

The writer also observed the misinterpretation that staff made of pro-social gestures by special needs children. A speech-delayed child would pull at another child's arm during social play; this gesture may well have meant "let me in", but it was often answered by "stop pulling". A mildly handicapped child would intentionally knock over a block structure; he might have been saying "let me play too," but the staff reaction was to take him away from the activity.

Quite frequently, the writer observed that children with special needs chose areas such as the craft tables, the easels, the water and sand tables, or the manipulative materials much more than they chose the block corner or the housekeeping corner. These choices were in contrast to the more frequent choices made by typical children of the block corner or the housekeeping corner.

When choices of play partners were made by typical children, the writer observed that these children usually chose other typical children, rather than children with special needs.

Finally, the writer observed that the isolation of special needs children in free play situations did not seem any different in June

than in September. Time did not make any easily observed difference in peer choices.

Since a major goal of mainstreaming is to provide children with special needs social experiences with typical peers, it was troublesome to see that the day care setting did not seem to enhance such social experiences.

The problem was that 4-5 year old preschoolers with special needs were not socially integrated within the mainstreamed day care setting.

Problem Documentation

The writer in the 4-5 year old room, using a scan-sampling technique (Karn, 1984), observed that children with special needs chose the highly social areas (the block area and the housekeeping area) 50% less than did typical children (see Table 1).

During morning free play (forty-five minutes) on five different days, the writer looked at each child on an attendance list just long enough to code where the child was situated and then moved on to the next child on the list. The writer recycled through the list of children several times during each session, thus obtaining three observations on each child throughout the free play session. The six children with special needs were in the block area or housekeeping area an average of only 10% of the time; the other children used these areas over 25% of the time.

Table 1

Block Area and/or Housekeeping Area Choices by 4-5 Year Olds

Day	Non-Handicapped (n=24)	Handicapped(n=6)
1	18 (25%)	2 (11%)
2	22 (31%)	2 (11%)
3	14 (20%)	1 (06%)
4	18 (25%)	3 (13%)
5	18 (25%)	2 (11%)

Note: Five days within five consecutive weeks were chosen for observation; all selected days had full attendance. The observer took three readings of play choices by each child during each 45 minute free play session. Thus, for the 24 NH, 72 play selections were possible (24 NH x 3); for the 6 H, 18 play selections were possible (6H x 3). Table 1 lists only play selections in the Block and Housekeeping Areas. Percentages are rounded off to the nearest full number.

In addition, the writer observed that when children were asked to choose a partner, typical children chose children with special needs only about half as often as they chose normal peers (Table 2). These opportunities occurred during both morning and afternoon circle, when each child would be asked to "choose a partner". (The children with special needs either didn't understand the directive or often seemed to choose randomly). Staff believed that selection of play partners for block building, playground, and dramatic play also demonstrated the isolation of children with special needs, but this belief was not documented.

Table 2

Selection of Partners by Non-Handicapped Children During Circle Time

Day	Non-Handicapped (n=24) Handicapped (n=6) # Chosen	% of time Handicapped Chosen
1	21NH/2H/1-0	(9%)
2	20NH/3H/1-0	(15%)
3	19NH/4H/1-0	(21%)
4	23NH/0H/1-0	(0%)
5	21NH/2H/1-0	(9%)

Note. The observations were made on days when all 30 children were present and reflected partner choices by the 24 NH only. "0" represents unclear choice. Since the group contained 80% NH children, a choice of handicapped children 20% of the time would indicate equal selection. On the five selected days, staff arranged circles so that each child would get a chance to choose a partner one time.

A needs assessment (see Table 3), completed by staff, of 12 competency areas, shows that of the 5 staff in this unit, 3 felt least competent in "social skill development for special needs children", while 1 rated it as second most needed, and 1 rated it as 7th most needed.

Table 3

STAFF TRAINING NEEDS ASSESSMENT

5 Most Frequently Requested Items

Average rank order & item	Staff preferences (rank order)				
1 Social-skills training for handicapped children	1	1	1	2	7
2 Parent relations	4	3	2	5	4
3 Admin. software	3	5	6	3	3
4 Supervisory skills	2	2	3	8	10
5 Adaptive technology	10	8	7	1	1

Note. Each of the five staff were asked to select items in rank order (1-12), with 1 being the item of greatest need. (See Appendix "A".) Items are ranked by averages of staff preferences.

Finally, in interviews, all 5 childcare staff in this unit requested "social objectives" in Individual Program Plans. Reviewed bi-monthly by staff and parents, these I.P.P.'s have concentrated on the domains of motor skills, self-help skills, language skills, cognitive skills, and social skills, but the social skills objectives did not designate pro-active, group-centered behaviors.

Causative Analysis

Through observation of the children at the day care centre, through use of the available change mechanisms (higher staff-to-child ratio, Individual Program Plans, limit of special needs children to 20%), and through discussions with childcare staff, it appeared to

the writer that underlying the social isolation of special needs children were six causal factors:

1. Physical proximity did not automatically lead to social integration. Assumptions that social skills could be "caught rather than taught" to children with special needs were incorrect. This day care program had eliminated "pull out programs," had implemented mini-group training, had a pro-integration attitude toward children with special needs, and still did not achieve visible social integration.

2. Heightened attention to cognitive and language skills in the Individual Program Plans may have led to an undervaluing of social skills. Childcare staff said that although the child achieved success in the planned IPP, this success seemed to have no impact on social integration. Staff said that their extra time went toward work on the IPP goals, and thus they could not set aside time for working at social integration.

3. Social skill building seemed undervalued in the centre because it was more difficult to measure than cognitive development. Staff often charted socialization, language, self-help, cognitive, and motor achievements on checklists. But the "socialization" skills listed in, for example, the Portage Checklist ((1976) do not adequately reflect the type of social skills that are part of social integration; they include, for example, such things as "asks for assistance when having difficulty" and "contributes to adult conversation" at the 4-5 year old level.

4. Staff said that they noticed the isolation of special needs children, that they did intervene when they could, but that their intervention didn't seem to lead to more on-going social interaction.

5. Preschool children with special needs did not take the undirected opportunities presented in the environment for highly social play. When given free choices, they stayed away from the block area and housekeeping areas where such play predominates.

6. Typical children chose to play with typical peers more often than with handicapped peers.

Relationship of the Problem to the Literature

An analysis of the literature confirmed the writer's supposition that concerns over social integration are widespread.
The research tends to concentrate four major variables in the mainstream setting: the teachers, the curriculum, characteristics of preschoolers with special needs; and characteristics of typical peers.

Beckoff and Bender (1989), Mahoney, O'Sullivan, and Fors (1989), and Murphy and Vincent (1989) report on teacher attitudes. Beckoff and Bender focus on the attitudinal similarities and differences between teachers of preschool handicapped and kindergarten teachers. Mahoney, O'Sullivan, and Fors consider the use and non-use of play as the primary instructional medium by teachers of preschool handicapped. Murphy and Vincent discuss a fifty-seven item questionnaire of classroom skills that they administered to ninety-six teachers in integrated preschool programs.

Burstein (1986), Jenkins, Speltz, and Odom (1985), McLean and Odom (1988), Powell and Lindeman (1983), and Sargent (1989) reflect on the "proximity model", the traditional free play setting that

assumes social integration will happen through physical integration. Burstein found that classroom environments had different effects on the play of handicapped and non-handicapped groups. Jenkins, Speltz, and Odom did a controlled study of thirty-six preschool children with special needs, placing half in segregated programs and half in integrated ones. They found that integration, alone, did not facilitate social development. MacLean and Odom in their White Paper on least restrictive environment and social integration, conclude that the the quality of the program, rather than the simple presence of normally developing children, is the most important determinant of successful social integration. Powell and Lindeman note that the typical "free play periods", where the proximity model flourishes, is valueless for children who are lacking in social skills. Finally, Sargent concludes that simple physical integration does not improve social skills; in fact, negative attitudes and poor social behaviors are often the result of the simple proximity model.

Guralnick and Groom (1987), Johnson and Mandell (1988), Linder (1983), Odom (1987), Strain and Odom (1986), Schultz, Rule, and Innocenti (1989), and Vaughn (1985) focus on the characteristics of handicapped children that inhibit social integration. Guralnick and Groom note that, when compared to typical children at similar developmental levels, delayed children exhibit lower levels of social skill than do the younger, typical children. Johnson and Mandell present a set of fifteen critical social competences that relate a delayed child's social competence to the expectations of the group social setting. Linder notes that delayed children may not be ready for the level of cooperative play that is required in the highly social

free play setting. Odom describes the social skills that are related to social success in the preschool setting, noting that children labelled as handicapped more often lack these skills than do typically developing children. Schultze et al observe that the free play siutation often encourages the aimless wandering, solitary play, and poor language skills that are frequently characteristic of mainstreamed handicapped children.

Finally, Odom, Strain, Karger, and Smith (1987) examine the characteristics of typical children that seem to influence their choices of playmates. They note that typical children very infrequently initiate social interactions with handicapped peers, preferring to play with their typical peers.

In addition to supporting the writer's supposition that the problem is an important one, the literature suggests some causes of the problem.

Jenkins, Speltz, and Odom (1985) in a controlled comparison of social skill development in an integrated setting as compared with a segregated setting, suggest that the "proximity model" presupposes an ability to learn from spontaneous modelling that most handicapped preschoolers do not possess. The "proximity model" also presupposes that typically developing children will spontaneously decide to include children with social deficits in their play. Vaughn (1985) also suggests that handicapped children are less skillful at acquiring social skills, often unable to select, observe, and imitate the behaviors desired. Strain and Odom (1986) further suggest that mildly handicapped children do not gain social skills through proximity to and simple observation of normally developing

children, and that nothing in the unstructured play environment serves to bring the handicapped children into the social mainstream.

Burstein (1986); and Powell and Lindeman (1983) suggest that mildly delayed preschoolers differ from normally developing preschoolers in their responses to types of classroom environments. In Burstein's study, it appeared that while normally developing preschoolers stayed on-task and involved during free play time, mildly delayed preschoolers generally stayed on-task and involved only with substantial adult participation. An underlying characteristic of children termed "mildly handicapped" seems to be an inability to benefit from unstructured free play.

Guralnick and Groom (1987); and Sargent (1989) suggest that an underlying peer-interaction deficit exists in mildly delayed preschoolers. Possible explanations of this presumed peer-interaction deficit range from a corresponding deficit in expressive language to information-processing problems, to difficulties in bonding between parent and child.

Thus the inability of mildly handicapped preschoolers to learn from observation, the differential effects of types of classroom environments on handicapped and non-handicapped preschoolers, the perceived lower social status of handicapped preschoolers by the non-handicapped, and an underlying peer-interaction deficit may be causes of the social isolation observed by the writer in the day care centre under discussion.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Objectives

The following goal was projected for this practicum: that mildly handicapped 4-5 year old preschoolers will be socially integrated within the mainstreamed day care setting.

Behavioral Objectives

The following four behavioral objectives were projected for this practicum:

1. As a result of this practicum, mildly handicapped preschoolers in the program will choose to play in the highly social areas (block area and housekeeping area) more often. The percentage of time these children spend in the highly social areas during free play will increase by 50%. The evaluation system will use the scanning method described above in Chapter II and described more fully under "Measurements". (See Appendix B.)

2. As a result of this practicum, non-handicapped preschoolers in the program will make an increased number of positive social initiatives toward their handicapped peers. The evaluation tool will be the 9-category observation system developed by Odom, Silver,

Sandler, and Strain (1983). The standard of achievement will be a 25% increase in positive social initiatives. (See Appendix D.)

3. As a result of this practicum, mildly handicapped preschoolers in the program will make an increased number of positive social responses to their peers. As an end result, the number of positive social responses will increase by 50%. The evaluation tool will be the 9-category observational system developed by Odom, Silver, Sandler, and Strain (1983). (See Appendix E.)

4. As a result of this practicum, staff will intervene in a positive way more frequently to inappropriate social bids by handicapped children. As an end result, staff will intervene in a positive way to turn inappropriate social bids by handicapped preschoolers into positive social bids 25% more often. The evaluation system will be a rating scale used by Project TRIP (Mahoney, 1986). (See Appendix F.)

Measurement of Objectives

1. It was planned to use a simple scanning method (See Appendix B.) at four week intervals to determine the proportion of time that the six handicapped preschoolers spent in either of the highly social play area, the block area or the housekeeping area. The writer would code either location of play (either "B" for block, "H" for housekeeping, or "O" for other) next to the first name on the attendance list of handicapped children and then move on to the next name, and then to the next. She would go through the list, in the

predetermined sequences, at five minute intervals during the forty-five minute free play periods. It was assumed that play in those areas would be an indicator of social play, thus eliminating the need for more complex observations of the type of social play (Smilansky, 1990).

2. It was planned to use the Odom 9-category observation system (See Appendix D.) to determine the number and type of positive social initiatives that six non-handicapped preschoolers made towards their handicapped peers. These initiatives include compliments, assistance requests, assistance, affection, play organizing, share requests, as well as negative behaviors. The typical peers were to be trained to function as peer confederates, using such as strategies as "ask ____ to share this new toy", "ask _____ to help with this job." The writer was to categorize initiatives made by each targeted non-handicapped child toward a handicapped child during small group times at four-week intervals.

3. It was planned to use the Odom 9-category observation system (See Appendix D.) to determine the number and type of positive responses that the six handicapped children made to initiatives by their typical peers. The writer was to categorize these responses during small group times at four-week intervals.

4. It was planned to videotape staff during small group activities that include at least one handicapped child. The staff:child interactions were to be coded in terms of turn-taking strategies (See Appendix F.) (Mahoney and Powell, 1986) (for handicapped children only).

Mechanism for Recording Unexpected Events

It was planned that the writer would keep a daily log during the implementation period, and would note all observed unexpected events. Regular interviews with childcare staff (as noted in the timetable) were to serve to highlight unexpected, but not directly observed events; these, too, were to be recorded.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

In this daycare centre, where mainstreaming has been a major philosophical tenet for fifteen years, handicapped children were still socially isolated despite staff intentions, higher than normal staff-to-child ratios, and a ceiling on labelled children of 20%. The writer sees the problem and the goal as indicated in Figure 1.

PROBLEM	GOAL
The problem is that mildly delayed prekindergarten children are often left out of the social play and social exchanges of the "typical" children in the mainstreaming setting.	The goal is that mildly delayed preschoolers will be included in the social play and social exchanges of the "typical" children more often.

Figure 1. Problem and Goal Statement

The literature suggests several possible solutions to the problem.

Powell and Lindeman (1983); and Sargent (1989) suggest a prompting procedure involving a verbal prompt, followed by

modelled behavior, followed by physical guidance through the behavior, as necessary, for the teaching of social-interaction skills.

Strain and Odom (1986); and Vaughn (1985) suggest a single confederate model, in which one normally developing child is trained to initiate positive social bids toward a handicapped child.

Odom, Strain, Karger, and Smith (1988) suggest a multiple confederate model in which several children are trained to initiate positive social bids toward a handicapped child.

Mahoney (1986) suggests a transactional intervention model in which the teacher is responsive to any social bid by a handicapped child -- imitating it, balancing turns, following the child's lead.

Twardosz (1985) suggests direct instruction of group affection activities that are culturally normative.

Odom and McEvoy (1989) suggest a multiple baseline strategy that measures the effects of changes in target child's social behavior on peer behavior and on adult satisfaction.

The writer felt that the prompting procedures suggested by Powell and Lindeman (1983) and Sargent (1989) were too obtrusive for the day care setting. The single confederate models suggested by Strain and Odom (1986); and Vaughn (1988) seemed to place too heavy a reliance on one young child. The possible outcomes of the Twardosz (1985) group affection strategies appeared very difficult to cast in the form of measurable objectives. The Odom and McEvoy (1989) multiple baseline strategy seemed too complex for this site, for these resources, and for this practicum.

Description of Solution Selected

The writer chose to combine a teacher awareness training program using the transactional intervention model of Mahoney and Powell (1986) with the multiple peer confederate training program of Odom, Kohler, and Strain (1987), as indicated in Figure 2.

CAUSES	SOLUTIONS
1. Physical proximity does not automatically lead to social integration.	1. Train teachers to respond constructively to inappropriate social bids by mildly handicapped preschoolers.
2. Heightened attention to cognitive and language skills in the Individual Program Plans has led to an undervaluing of social skills.	2. Train teachers to value social skill development.
3. Staff are not trained to intervene assertively in free play situations in order to encourage social integration.	3. Train teachers to implement a multiple peer confederate model.
4 Non-handicapped children are not effectively encouraged to include their handicapped peers in free play activities.	4. Train non-handicapped children as peer confederates.

Figure 2. Causes and Solutions

She felt strongly that without the transactional intervention strategies, staff might well have tried to elicit "correct responses", rather than responses that were appropriate for the developmental level of the handicapped children. Used alone, the multiple peer confederate training program might have encouraged highly directive behaviors from both the teachers and the peers, rather than behaviors that were child-centered. Mahoney and Powell's

(1986) emphasis on imitation, turn-taking, and following the child's lead would be incorporated into the daily peer intervention sessions.

Staff would see videotapes of themselves during small groups, and would discuss their responses to social bids made by handicapped children. Through guided observation, they would learn strategies of imitating, balancing turns, and following the child's lead.

The multiple peer confederate training would use simple scenarios about sharing, turn-taking, positive physical contact, and play initiation -- behaviors that staff were trying to encourage already. The very normality of the training would make it acceptable and easy to implement. Through daily intervention sessions, non-handicapped children would learn to function as peer confederates, encouraging handicapped peers to share, to show affection, to be play organizers, and to help.

The projected time line of the project was fourteen weeks, following approval of the proposal. During the fourteen weeks, six one-hour sessions were planned to be held with staff; substitutes were to be hired to replace them during naptime. In addition, the writer would observe the implementation of the techniques weekly, both for data-collecting purposes and for consultation. Additional training sessions would be held, at staff request. The literature is very positive about fairly rapid, visible results in both multiple peer intervention and transactional intervention training. Strain and Odom (1986) note that in peer confederate situations, a substantial increase in positive social responses by all target children occurred as well as an increase in length of social exchanges, social initiations,

and a cross-setting generalization of responses, initiations, and length of exchanges. These changes were nearly absent in segregated settings and in mainstreamed settings without structured intervention techniques. Mahoney (1986) notes that the higher the interactive match between caregivers and children's actual behavior, the greater is the child's progress, and its generalization throughout various settings.

Experience with this staff suggested that in-service programs in aspects of preschool special education are well received and have yielded positive results with children. Staff have attended in-service and continuing education workshops voluntarily and have tried to apply techniques that they felt were relevant.

The writer felt that, given the assessment by staff of their own need to facilitate a higher degree of social interaction, and given their interest in attaining a higher degree of social interaction among their children with special needs, that this process had a high likelihood of success.

Report of Action Taken

Three major activities were carried out by the writer during the twelve week intervention: 1) 7 one-hour training sessions with staff, plus one additional half hour training session, 2) direct observation of children with special needs at freeplay every four weeks, through locational scanning 3) indirect observations, through

videotape, of children with special needs and of staff during small group time every four weeks.

Training Sessions: The writer was well aware that the centre's staff were not likely to accept the behavioristic approach of Odom et al (1987) very quickly. Indeed, many years of in-service had been invested in minimizing the use of behavioristic objectives from such programs as Portage (1976) in the construction of Individual Program Plans for children with special needs. Moreover Smilansky's (1990) experience, when she asked preschool teachers to actively intervene in freeplay activity, provided a cautionary note. But the centre had already incorporated most of the less intrusive solutions (Burstein (1986), Powell and Lindeman (1983), Twardosz & McEvoy (1985), and Vaughn (1983), such as environmental modification, teacher intervention, curriculum design, and these had not had a lasting impact on the social involvement of the children with special needs. She had hoped, moreover, to temper the behavioristic approach with transactional intervention strategies that staff had already begun to use with delayed infants and severely delayed preschoolers.

The first one-hour training session on the peer confederate program was held on September 11, 1990. Topics covered included: (1) the centre's longstanding lack of success at socially integrating handicapped 4-5 year olds; (2) techniques the centre has tried to solve the problem; (3) brainstorming about other possible solutions; (4) rationale for the multiple peer confederates model; and (5) discussion about how the peer confederate model would be

implemented. Written parent permission had been obtained earlier; board approval for practicum had also been granted; supplies, facilities, and materials, and substitutes had been secured. Dr. Samuel Odom and Dr. Gerald Mahoney had both given written permission for the writer to use their assessment and evaluation instruments (see Appendices "G" and "H"). Staff actively recounted many of their own futile attempts at increasing the social interaction of children with special needs and agreed that the problem was an important one; they left the first session eager to be involved in the intervention.

During the second week, the second one-hour training session in the multiple peer confederate model was held. Topics covered included: (1) review of the article on the Peer Confederate model; (2) how to choose appropriate peer confederates; (3) actual selection of peer confederates and target children for each staff member. This session, too, went well. But during a further one-half hour session, scheduled two days later to complete the planned agenda for session two, and including (1) how to conduct intervention practice sessions; (2) role-playing intervention practice sessions, and (3) general discussion, the anticipated problems began to surface. Staff were asked to use the structure of the daily intervention session for their small group sessions for the next twelve weeks; they felt this would work well.. A first script, developed by Odom, Silver, Sandler, and Strain (1983) on share initiation and persistence was given to the staff and modelled. Staff objected to the idea of singling out particular peers as "teachers", choosing the word "buddy" instead; they felt that all the children in their small groups should learn the

helping strategies; they thought that the children with special needs could be taught the helping strategies as well as being recipients of the help; and they found many other items in the first script that seemed too artificial for their teaching.

During the third week, a further one-hour training session was held. Topics included: (1) discussion of social skill training sessions thus far; (2) review of staff experiences with both highly directive and child-centered practices; (3) discussion of research of Mahoney and Powell (1986) on highly directive practices and child-centered practices among parents/caregivers of young children with developmental disabilities; (4) introduction of low-directive, transactional approach; (5) discussion of turn-taking strategies; and (6) discussion of interactive match strategies. Staff observed the first videos of themselves and discussed their own initiating and responding behaviors toward handicapped children. Role-playing of the turn-taking strategies (balance turns, imitate child, follow the child's lead, wait for turns, signal for turns, physically prompt turns, and hold for one more turn) by staff dyads was arranged, with half the staff prearranged to act in certain fashions (stick out tongue, bang on table, take a long time to respond, etc.). The transactional strategies were accepted enthusiastically; comments were, however, made about the artificiality of the scripts.

During the fifth week, a further one-hour training session in both multiple peer intervention and transactional intervention strategies was held. Topics included: (1) how the confederate training was progressing, (2) how the buddy "sharing" program was

progressing, (3) how the turn-taking strategies were progressing, (4) review and implementation strategies for contingency system, (5) introduction of "share request" script, (6) role-play of "share request" script, (7) questions and concerns. Staff were unwilling to use the reward system suggested by Odom, but were grudgingly willing to modify the happy face card to a wall chart. Staff were still eager to be involved in the project, but only when they helped modify it to fit into their own belief systems.

During the seventh week, a further one-hour training session was held. Topics included: (1) how the confederate training was progressing; (2) how the buddy "sharing" program was progressing; (3) how the turn-taking strategies were progressing; (4) how the happy face contingency system was progressing; (5) how the "share request" was working; (6) a review of Guralnick's research on social skilll development; (7) introduction of two scripts: "review share and introduce play organizer", and "review share and play organizer; introduce organizer"; and (8) general discussion. Once again, scripts were modified by the group, and reward systems were rejected. Staff admitted that even the wall chart substitution for the reward cards, which they had reluctantly agreed to try, had not been used. The writer found it fascinating to see how dedicated all staff were - nobody missed a workshop session, even if they were off sick that day - but how their beliefs in a less behavioristic approach made them reject the intervention in the form presented.

During the ninth week, a further one-hour training session was held. Topics included: (1) discussion of problems and successes in implementing the "share", "share request", "play organizer," and

"organizer" strategies; (2) discussion of how the process was affecting target children; (3) introduction of the last script "review share, share request, play organizer, assistance, assistance request, introduce affection,and complimentary statement;" (4) brainstorming ideas about how to more effectively include children with handicaps in social play.

Each workshop session included many comments from staff about successes of the implementation: how Sally was now involved in more back-and-forth exchanges, rather than in merely handing something to a peer when asked; how Christy was now negotiating rather than simply acquiesing; how Sean was now more assertive about his rights. Brainstorming was also a large part of the workshops: how, for example, to include Sean in the block area, when he would not be able to move out of the way of falling large blocks, how to get him to initiate, not just respond. Staff also began to make frequent comments that suggested a more complex understanding of play.

During week thirteen, a final formal one-hour training session was held with staff to elicit their opinions and suggestions about both the peer confederate process and the transactional intervention techniques. Staff felt that the intervention had been a success, because they were observing more inclusion of children with special needs in the freeplay setting, as well as in the structured small groups. They felt that their modifications had made the program work in their day care centre. Preliminary data, which was very positive, was shared with them; and they were encouraged to continue using the techniques.

During the fifteenth week, the writer met with staff again to discuss the practicum results. A celebration dinner was held the following week.

Nearly every week, the writer had been at the day care centre - either for direct observation and videotaping, or for informal observation and discussion. At these times, staff had brought up problems and discussed ideas they thought would aid successful integration. Staff wanted the intervention to work. but didn't like the directive techniques; the writer was supportive of their ideas about how to make the program meet their needs, even when it meant further modification of the original plan. Yet, even though staff would leave a session apparently ready to try a script they had role-played and modified, they came back to the next session explaining further modifications they had made. For example, with sharing, Marguerite said that the scripts were artificial; that she had chosen to discuss sharing with her group, read stories about sharing, and provided situations where everybody had to share (for example, supplying only four pairs of scissors to the group; or one pitcher for juice).

It became clear very early that staff would not implement strategies that were in conflict with their developmental approach, and thus it was a case of either modify or fail. Since the practicum was not a research project, both the writer and staff were able to concentrate on desired outcomes, rather than on strict implementation of a plan.

Despite her own concerns and Smilansky's experience, the writer had not been prepared for the overwhelming rejection of the

teaching scripts by the staff. She redesigned her workshop plans, collaborating with staff in modifying the scripts at each session, dispensing with the idea of choosing specific confederates, and eliminating even a highly modified contingency system of rewards. Despite the plan to involve only mildly handicapped children in the project, staff insisted on involving a severely physically impaired child, which required further adaptations in the process.

Direct observation - locational scanning: For a variety of reasons, although primarily for the sake of simplicity, the writer had decided that social play could be identified at this centre through a simple observation of the location the children chose to play in. It had been her observation that highly social children frequently chose to play in the block and housekeeping areas, while children with less highly developed play skills more frequently chose to stay close to the staff at the art table or in the cognitive materials deck, or to play in a non-socially demanding way at either the easels, the water table, or the sand table. She thus decided to dispense with the traditional method of coding levels of social play (Parten, 1932 in Morrison, 1984) in favour of locational scanning.

At first, the locational coding seemed adequate. Location, in the 4-5 year old group, seemed to correspond to level of social play. But in the kindergarten unit, it was immediately apparent that one child (Christy) was playing the entire time in the block area, but was never engaging in cooperative play. Thus, the writer immediately changed the coding system in that setting to reflect the level of social play, as well as the location, designating unoccupied, solitary,

onlooker, parallel, associative, and cooperative play. When the level of play was coded for these two children, it became apparent that an increased quantity of cooperative play appeared over the twelve week period.

By week eight, when a fifth child was introduced into the 4-5 year old group, the inadequacy of the locational coding in that setting became obvious as well. This child, Daniel, often played in the housekeeping and block areas, albeit in a non-social way. Further, it became obvious that some of the play in other locations (for example, at the art table), was often highly social. However, level of play had not been recorded in the 4-5 year old group during the first eight weeks, and it was thus impossible to change the coding system for this group.

Indirect observation - Analysis of the videos: Videotaping was chosen over direct observation, for the small group sessions, for two reasons: 1) three behaviours were to be coded during each session - initiatives by non-handicapped children, responses by handicapped children, and responses by staff; careful coding required three viewings of each tape; 2) staff were to use the videotapes for self-study. A series of four complete sets of videos was made, focusing on four children, at four week intervals. The videos of each of the sixteen sessions were approximately ten minutes long, and included a segment of each small group activity. Since three of the small groups were scheduled simultaneously, it was not possible to tape entire thirty-minute sessions.

In the baseline videos (September 11), no child-to-child interactions are observed. All staff were following a basic High/Scope (Hohmann, Banet & Weikart, 1979) presentation format, focusing on a concept, and providing each child with materials. Each child was addressed on a one-to-one basis, but no encouragement was given to child-to-child interactions.

In the second series of videos (October 5), a change of focus is evident in one. Elisa's group activity is the preparation of cooky dough; she has planned to have the children measure and pour in dry ingredients. Her group includes six children, including Sean who has severe cerebral palsy, but is of normal intelligence; Sean can neither speak nor move independently. In the first video, during a sorting and magnet activity, Elisa had done all of the work for Sean and had been the sole interpreter of his sounds and eye movements. In video two, she says, "we're all going to share Sean's turn, helping him. Remember how we shared." (To one child), "You weren't here on Monday when we talked about sharing. Sean needs a little bit of help; you show him and help him." Later she says, "Lindsay's going to help you, Sean, putting the baking soda in. Lindsay, you help with the spoon." And still later, "Lindsay, you hold the bowl (while I help him pour)." Several occurrences of each of the three behavioral objectives can be coded in this video.

In her baseline video, Carol also sets up an informal lesson, about things that sink and things that float. The medium is jello, and the objects are dates, raisins, and walnuts. While the children are putting items in the liquid jello, Sally remains involved. But then Carol goes on to discuss "light and heavy" as constructs of why some

things float, and Sally, a child with moderate cognitive and communication delays wanders off, losing interest in the lesson. None of the behavioral objectives can be coded. Brenda replaces Carol in the second video, and Sally remains involved throughout. She is observed watching Brenda print names on papers, observing the child next to her drawing, and doing some drawing herself. She answers the questions, "what are you drawing, Sally?" with the phrase "a man". However, we still do not see any positive initiatives by non-handicapped children, although we do see positive initiatives by Sally and positive interventions by the staff.

In Bennett's group, which includes Christy, who has mild cerebral palsy and is mentally challenged, the scene in the baseline video elicits neither positive initiatives by non-handicapped children nor social behaviors by Christy, although it does elicit several by the staff. Christy is addressed appropriately by Bennett; she takes turns, and gives a good demonstration of the skill she has labouriously gained at pouring. In the second video, again there are no positive initiatives by non-handicapped children, but Christy makes two gestures toward non-handicapped children, and staff makes many positive social interventions towards her.

Lynne initially worked with Larry. During their baseline session, neither type of child-to-child behavior occurs; however Lynne is observed addressing Larry appropriately four times. As with the other staff, the small group setting is used for an informal lesson, with each child given a set of objects to sort and manipulate. Marguerite returns to this group the week of the second video session, and her small group activity is also characterized by strong

one-to-one staff:child exchanges and lots of individualized play; there is, however, no child-to-child interaction. Since Marguerite has just returned from maternity leave and since she has not attended the four workshops, such a circumstance is to be expected.

In the third set of videos, considerably more child-to-child interaction is observed.

Elisa walks Sean to the table; Andrew, a peer, spontaneously decides to stabilize his chair while Elisa positions him. One of the other children moves to help Sean roll the play dough; Sean protests; Elisa reassures him that Ian is not going to do it for him, but will help him. Another child makes an imprint in Sean's play dough; Elisa asks Sean "which item?" Sean answers with eye contact, and Elisa asks the other children if he is right. "Yes," they say. Then she asks Sean, who smiles that his answer is correct. All three behavioral objectives are met in this session.

Martha is now working with Sally (a third change during the eight weeks). But Sally is obviously more engaged in the social group. All three behavioral objectives are met in this session.

Finally, Christy in Bennett's group, is seen in several exchanges with another child, Patricia. "Let's see it," Patricia asks her. "What colour is mine and Katie's?," Patricia also asks. It appears that Patricia, at least, has taken on some of the initiating role that Bennett, the staff person, performed during the earlier two videos. All three behavioral objectives are met in this session.

CHAPTER 5

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

Although the centre had achieved physical integration of its 20% special needs children close to 100% of the time, children with special needs were often left out of the social play and social exchanges of the "typical" children in the 4-5 year old group and in the kindergarten group. Through a series of workshops for staff, on a blend of a peer-confederate social training model with a transactional intervention approach, the writer hoped to increase the inclusion of children with special needs in social play, by increasing staff skills at facilitating this type of play.

The first objective was that handicapped preschoolers will choose to play in highly social play areas at least 50% more often. Baseline measurements of the time spent in freeplay were made at the beginning of the practicum (See Tables 4 and 5.) As a result of this practicum, the two handicapped children in the preschool group who were there for the full twelve weeks played in the highly social play areas anywhere from 300% as often to 1000% as often. The two handicapped children who were in the group for four weeks each

showed an increase of time in the highly social areas from 20% to 100% as frequently. (See Table 4.)

Table 4

Choices of Block Area and Housekeeping Area by 4-5 Year Old Preschoolers with Special Needs

	Week 1	Week 4	Week 8	Week 12
Child 1	1	2	0	10
Child 2	1	10	4	3
Child 3	1	10	--	--
Child 4	--	--	4	5

Note. Each child's location was recorded ten times during the forty-five minute free play period. Only locational choices that suggest social play, in the housekeeping and block areas, are included in the table.

For the two handicapped children in the kindergarten group, time in social play areas did not increase at all (since time at the beginning was spent totally in those areas). However, as will be more fully explained below under "Discussion", when the play was reclassified from 'location' to 'level of play', it showed an increase in the amount of cooperative play from approximately 150% to 400% as frequently. (See Table 5.)

Table 5

Cooperative Play Choices by 5-6 Year Old Kindergarteners with Special Needs

	Week 1	Week 4	Week 8	Week 12
Child 1	1	2	1	4
Child 2	3	4	5	7

Note. Since the location of play did not suggest the level of play for the kindergarteners, the author chose to designate the number of play choices that were cooperative, rather than to note location. Seven choices were recorded during each thirty-minute session, but the table only displays cooperative choices.

The second objective was that non-handicapped preschoolers will increase the number of positive social initiatives toward their handicapped peers by at least 25%. This objective was to be coded during the small group sessions, a time when situations can naturally be created to elicit a number of responses in a short time. An increase occurred for the three children who remained in the program throughout the twelve weeks - from zero to ten in one case; from zero to four in another; and from zero to eight in the third. For a fourth child who left the program after four weeks, there was no change - no social initiatives during either taped session. (See Table 6.) As noted below under "discussion", narrative reports by staff indicate that more initiatives by non-handicapped peers were seen

during free play, and qualitative observations of the videos indicate that the quality, as well as the number of positive initiatives, had increased. These observations were not, however, quantified.

Table 6

Positive Initiatives toward Children with Special Needs by Non-Handicapped Peers During Small Group Time

	Week 1	Week 4	Week 8	Week 12
Child 1	0	3	6	10
Child 2	0	0	2	4
Child 3	0	0	4	8
Child 4	0	0	--	--

Note. Since all small group peers were included as peer confederates, the number of initiatives toward a handicapped child were coded, not the number of initiatives made by any particular non-handicapped child.

The third objective was that mildly handicapped preschoolers will make an increased number of positive social initiatives or responses towards their typical peers. As in the second objective, this objective was coded from the videotaped small group sessions, where an increase in positive social responses of 50% was projected. This objective was surpassed (see Table 7). Moreover, as noted below under "Discussion", narrative reports by staff indicate that many more positive social responses by handicapped peers were

seen during free play, and qualitative observations of the videos also indicate that the complexity of the responses increased.

Table 7

Positive Initiatives or Responses by Children with Special Needs toward Non-Handicapped Peers During Small Group Time

	Week 1	Week 4	Week 8	Week 12
Child 1	0	6	12	15
Child 2	0	4	10	12
Child 3	0	2	6	10
Child 4	0	0	--	--

The fourth objective was that staff will intervene in a more positive way, more frequently to all social bids by handicapped preschoolers. Positive was to be interpreted as comprising responses in the Mahoney categories of balancing turns, imitating child, following child's lead, waiting for turns, signalling for turns, physically prompting turns, and holding for one more turn. This intervention was to be coded from the videotaped small group sessions, where an increase in positive staff interventions of 25% was projected. This objective was surpassed (see Table 8 below). Moreover, as noted below under "discussion," qualitative observations of the taped staff-to-child interactions suggest as well a higher level of staff-to-child facilitation, and staff comments during the social skill-building sessions suggest that a more detailed understanding of facilitation of social skill building led to more positive interventions at all times of day.

Table 8

Positive Social Intervention by Staff Towards Handicapped Children During Small Group Time

	Week 1	Week 4	Week 8	Week 12
Child 1	3	6	6	7
Child 2	0	5	12	10
Child 3	4	10	14	12
Child 4	4	6	--	--

Discussion

At the end of the twelve weeks, staff agreed that the social skill-building intervention had been positive for their children. All said that they intended to continue structuring social skill development into their small groups, and that they would encourage children to assist other children, rather than do it directly themselves. Staff agreed that the social skill-building transferred into freeplay settings from the small groups, much more successfully than had previous interventions (teacher as facilitator; one peer as facilitator). Marguerite remarked that Christy seemed to be "one of the kids now," in the middle of the group as the kindergarteners leave for school, rather than tagging along. Sean is sharing more than before - although, of course, staff must arrange several things on his tray in order that he can offer them to others. Sally is periodically sought out by other children, who see her as a more adequate player.

A further benefit of the program, in the writer's observations, was the way that staff began to analyze social deficits in new children, and plan for their remediation. "He wanders a lot" was replaced by "He doesn't seem to know how to approach a group; I notice that he grabs, won't share toys, and cries instead of asking for assistance. Let's work on sharing and on requesting at first; let's see if we can get other children involved."

Recommendations

Had there been neither staff nor student changes, and had the staff accepted the planned strategy without modifications, the potential usefulness of this practicum for other sites would be very limited. Most daycare centres, after all, experience high staff turnover (Whitebook, Howes, Phillips, 1989) and changing enrollment. Further, as Smilansky (1990) reports, an interventionistic involvement in freeplay conflicts with the prevailing belief systems of preschool teachers. Thus, the fact that the problem was solved - that children with special needs are now more successfully integrated into the social play of the mainstreamed program - despite all the changes, suggests that the problem-solving strategies of this practicum might be useful for other centres.

The following recommendations, however, should be considered:

1. Coding of play, initiation by non-handicapped, responses by handicapped, and responses by staff, although time-consuming, were important. It was important for staff to have an objective measure of change. However, the locational method of observing social play

should be replaced by the more conventional method of recording level of play.

2. Staff must be convinced that social integration is a problem in their setting. A major focus of the first workshop was on recollections of children who "never became part of the group".

3 Staff must be convinced that less intrusive solutions will not solve the problem. A major focus on the first and second workshop was the history of intervention methods at that centre; how they hadn't solved the problem.

4. Staff must buy into the proposed solution, but be allowed the scope to make it their own. Unlike Simlansky (1990, p. 198)) whose program included an experimental aide "who supervised, counseled and strictly forbade any deviations from the experimental framework," staff who adopt this solution would have to see it as a cooperative project designed to help solve a self-admitted problem (lack of social integration).

5 The facilitator must be willing to see the proposed solution as a "framework", not as a rigid program, and to welcome active problem-solving by staff.

6. Follow-up observations and workshop sessions should be planned periodically.

Dissemination

The writer was not prepared for the high number of requests to speak at conferences and to send copies of the report that informal discussions about this practicum elicted. Social integration was clearly a critical topic in late 1990.

As of January 1991, the writer has agreed to present the results of the practicum at two national conferences, at four provincial conferences, and at several regional workshops. She has also agreed to send copies of the paper to several instructors in Early Childhood Education at Canadian community colleges and universities, and to several directors of mainstreaming programs. In addition, the paper will be featured in a national Canadian publication, SpeciaLink, the Daycare Mainstreaming Network.

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APPENDIX A

STAFF TRAINING NEEDS ASSESSMENT

APPENDIX A

STAFF TRAINING NEEDS ASSESSMENT

Staff: Please rank the following 12 items in order of your interest and/or requirement for workshops and consultative services. "1" means "most needed".

Item	Rank of item
1. Adaptive technology	
2. LOGO/Compugarden	
3. Admin. software	
4. Supervisory skills	
5. Parent relations	
6. High/Scope C.A.R.	
7. High/Scope C.O.R.	
8. Small group ideas	
9. Professional liaison	
10. Social-skills training for handicapped children	
11. Nurturing creativity	
12. Other _____	

APPENDIX B

BLOCK/HOUSEKEEPING AREA CHOICES OF PRESCHOOL CHILDREN WITH SPECIAL NEEDS

APPENDIX B

BLOCK/HOUSEKEEPING AREA CHOICES OF PRESCHOOL CHILDREN WITH SPECIAL NEEDS

Week: Date:

Child:

Area Choices Made

Child	1			2			3			4			5			6			7			8			9			10		
	B	H	0	B	H	0	B	H	0	B	H	0	B	H	0	B	H	0	B	H	0	B	H	0	B	H	0	B	H	0
1																														
2																														
3																														
4																														
5																														
6																														

Note: Following the sequence of the "Child" list, the writer will scan the unit 60 times during the 45-minute freeplay period, circling B/H/O for Block, Housekeeping, or Other, noting position of a child approximately every 45 seconds. Wandering, tantruming, or unoccupied activity is to be coded as Other.

APPENDIX C

LEVEL OF PLAY BY KINDERGARTEN CHILD WITH SPECIAL NEEDS

APPENDIX C

LEVEL OF PLAY BY KINDERGARTEN CHILD WITH SPECIAL NEEDS

Week: Date:

Child:

Level of Play

Turns	Unoccupied	Solitary	Onlooker	Parallel	Associative	Cooperative
1						
2						
3						
4						
5						
6						
7						

Note: The writer will record the level of play of the child with special needs, at four minute intervals during the 30 minute freeplay period.

APPENDIX D

SOCIAL INITIATIVES OR RESPONSES TOWARDS CHILD WITH SPECIAL NEEDS

APPENDIX D

SOCIAL INITIATIVES OR RESPONSES TOWARDS CHILD WITH SPECIAL NEEDS

Child:
Date:

Behavioral Categories

	Compli-mentary	Assistance Request	Assistance	Affection	Play Organizer	Share Request	Negative M/G	Negative V/V

Turns	I R	I R	I R	I R	I R	I R	I R	I R
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Note: The writer will scan the small group fifteen times during the fifteen minute session, noting initiative (I) or response (R) under the appropriate category, as any typical child displays any behavior towards the child with special needs.

Source: Odom, S.L., Silver, F., Sandler, S., & Strain, P.S. (1983). Direct Observation of Social Behavior Manual. Pittsburgh: Early Childhood Research Institute, University of Pittsburgh. Used with permission of the author.

APPENDIX E

SOCIAL INITIATIVES OR RESPONSES BY CHILD WITH SPECIAL NEEDS TOWARDS PEERS DURING SMALL GROUP TIME

APPENDIX E

SOCIAL INITIATIVES OR RESPONSES BY CHILD WITH SPECIAL NEEDS TOWARDS PEERS DURING SMALL GROUP TIME

Child:
Date:

Behavioral Categories

	Compli-mentary	Assistance Request	Assistance	Affection	Play Organizer	Share Request	Negative M/G	Negative V/V

Turns	I	R	I	R	I	R	I	R	I	R	I	R	I	R	I	R
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																

Note: The writer will scan the small group fifteen times during the fifteen minute session, noting initiative (I) or response (R) under the appropriate category, as the special needs child displays any behavior towards any of the typical children.

Source: Odom, S.L., Silver, F., Sandler, S., & Strain, P.S. (1983). Direct Observation of Social Behavior Manual. Pittsburgh: Early Childhood Research Institute, University of Pittsburgh. Used with permission of the author.

APPENDIX F

POSITIVE STAFF TRANSACTIONAL INTERVENTIONS TOWARDS CHILD WITH SPECIAL NEEDS

APPENDIX F

POSITIVE STAFF TRANSACTIONAL INTERVENTIONS
TOWARDS CHILD WITH SPECIAL NEEDS

Child:

Name:
Date:

Turns	Balance Turns	Imitate Child	Follow Child's Lead	Wait for Turns	Signal for Turns	Physically Prompt Turns	Hold for One More Turn
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Note: The writer will scan the session fifteen times during the fifteen minute period, noting transactional interventions by staff towards special needs child, under appropriate categories.

Source: Mahoney, G. & Powell, A. (1986). Transactional Intervention Program Teachers' Guide. Farmington, CT.: Pediatric Research and Training Centre. With the permission of the author.

APPENDIX G

LETTER OF PERMISSION FROM DR. SAMUEL ODOM

George Peabody College for Teachers
VANDERBILT UNIVERSITY
NASHVILLE, TENNESSEE 37203 TELEPHONE (615) 322-7311

Department of Special Education • Direct phone 322-8150

August 20, 1990

Ms. Sharon Hope Irwin
76 Cottage Rd.
Sydney, Nova Scotia
B1P 2C7 CANADA

Dear Ms. Irwin,

It was good to talk with you today and learn that you intend to proceed with your research. You do have my permission to use the coding system and forms from our manual (Odom, Silver, Sandler, & Strain, 1983) for your doctoral practicum. I look forward to learning about the outcome of your project.

Good luck with your research.

Sincerely,

Samuel L. Odom, Ph.D.
Associate Professor

APPENDIX H

LETTER OF PERMISSION FROM DR. GERALD MAHONEY

Center of Excellence in
Early Childhood Education

School of Education

August 30, 1990

Ms. Sharon Irwin
Special Link
186 Prince St.
Sydney, Nova Scotia B1P 2C7
Canada

Dear Ms. Irwin:

Please excuse the delay in my getting this letter to you. I hope that it has not inconvenienced you. I am very pleased that you are attempting to implement th Transactional Intervenion Program as a part of your practicum. This is not a program that requires my permission for you to replicate procedures or strategies that we have developed. I would be very interested to hear about your experiences with this program. I am always on the lookout to see whether others find this to be a useful approach to providing early intervention services to young handicapped children.

I am enclosing a copy of the new teachers guide that I am working on. Please feel free to call me if you need any other information.

Sincerely,

Jerry Mahoney
Director

Rock Hill, South Carolina 29733
(803) 323-2104